



OCCUPATIONAL LICENSE
APPLICATION

DATE: _____

Business Name: _____

Owner: _____ **Telephone #** _____

Business Address: _____

Mailing Address: _____

Kind of Business or Occupation: _____

A) FULL TIME EMPLOYEES: _____ X \$7.00 =\$ _____

B) PART TIME EMPLOYEES: _____ X \$3.50=\$ _____

C) SUBTOTAL: ***** _____

D) BASE LICENSE FEE: ***** 60.00 PER PHYSICIAN/Max. fee \$150.00

*Add lines A and B enter total on line C

*Add lines C and D enter total on line E for Amount Due

E) TOTAL AMOUNT DUE: ***** _____

The statements contained in the above Occupation License Application are true
and correct to the best of my knowledge.

SIGNATURE: _____

THIS LICENSE REQUIRED UNDER ORDINANCE NO. 733